UNIVERSITY HOSPITALS OF DERBY & BURTON NHS FOUNDATION TRUST
DRUG MONOGRAPH FOR USE ON ADULT INTENSIVE CARE UNITS

Amiodarone

Indication	Broad-spectrum anti-arrhythmic. Used in AF, VF, VT and paroxysmal SVT.
Dose	**Loading Dose** 5mg/kg (300mg used for most patients) over 60minutes **Maintenance Dose** Up to 15mg/kg per day (usually 300-1200mg) See Network Guideline for detailed dosing information
Preparation	**Central Administration** Amiodarone should be prepared in accordance with the Mid-Trent Critical Care Network Amiodarone Guideline **Peripheral Administration** 1. Remove 24ml from a 1000ml bag of glucose 5% 2. Draw up 24ml (1200mg) of amiodarone into a syringe using a filter needle 3. Add amiodarone to glucose bag using new needle
Administration	**Central Administration** Use the Amiodarone program on the Syramed SP6000 syringe pump **Peripheral Administration** Use the Amiodarone program on the Volumed VP7000 volumetric pump. Loading Dose is set in the program.
Shelf-life	24hours at Room Temperature
Common Compatibility Issues	Amiodarone should be infused via a **dedicated lumen**
Additional information	The peripheral preparation schedule is not licensed but accepted as safe practice in Derby **Amiodarone is irritant to veins and therefore should be administered via a central vein where possible.** If not, peripheral administration should be via a large vein, such as antecubital fossa. Amiodarone has many interactions, check BNF Online

Sample Label	**DRUGS ADDED TO THIS INFUSION** PATIENT: A. Patient (A. Number) — WARD: ICU DRUG: Amiodarone in 1000ml Glucose 5% — AMOUNT: 1200mg (1.2mg/ml) — ADD BY — CHECKED BY DATE ADDED / TIME ADDED — EXP. DATE / EXP. TIME — BATCH No. **DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS**

For Review: June 2025

Documentation Controls

Development of Guideline:	Pharmacist – Critical Care & Theatres
Consultation with:	Pharmacy Department
Approved By:	ICU Sister's Meeting: June 2023 ICU Risk & Quality Meeting: August 2023 Surgical Division
Review Date:	June 2025
Key contact:	Pharmacist – Critical Care & Theatres

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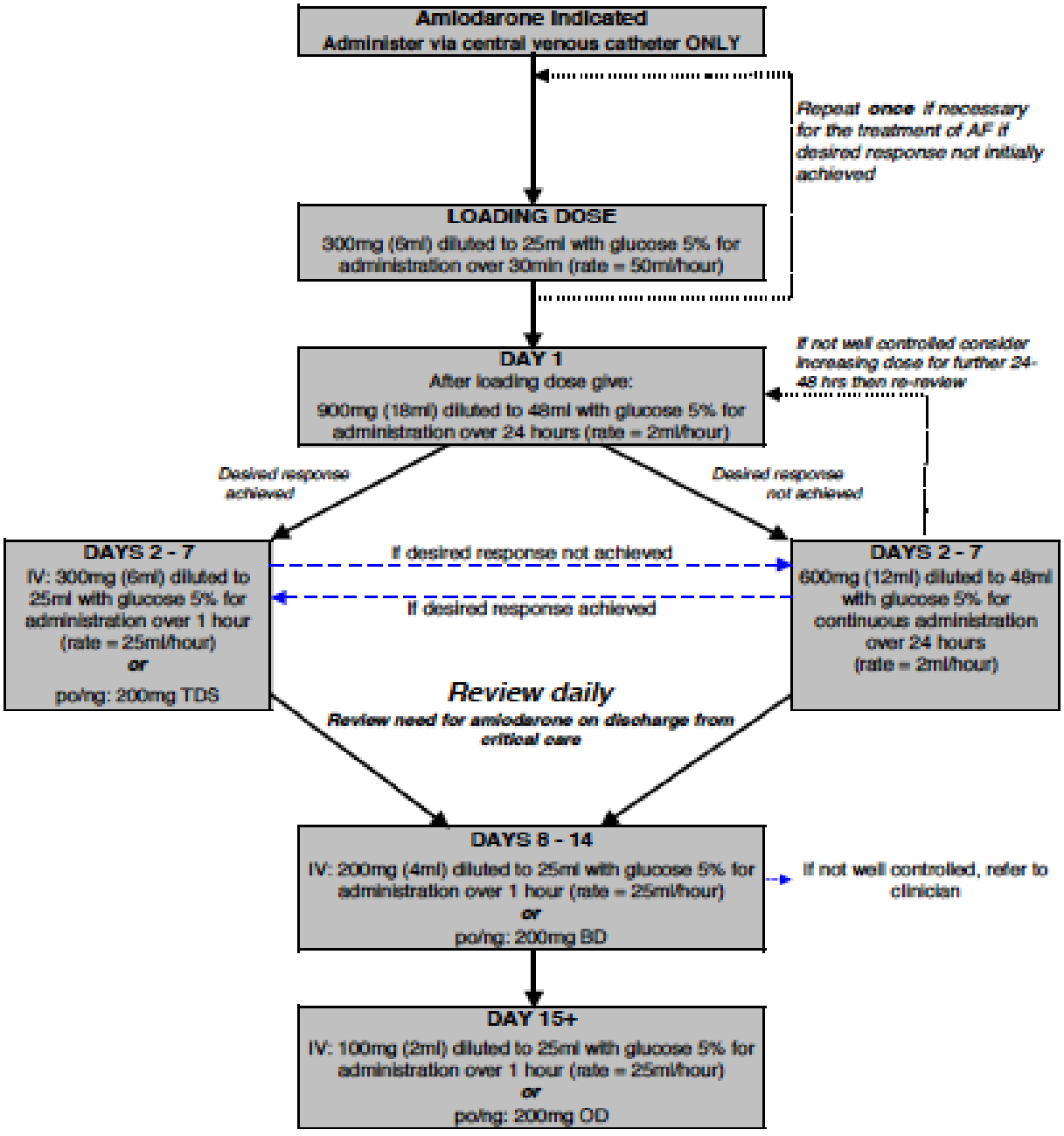
***** End of Monograph *****

AMIODARONE GUIDELINES

Clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after a review date. This guideline has been registered with the Mid Trent Critical Care Network.

Indications

- Stable patients with regular broad complex tachycardia or irregular narrow complex tachycardia / Atrial Fibrillation.
- Unstable patients with tachyarrhythmias after cardioversion attempted
  For administration of Amiodarone in cardiac emergencies refer to the Advanced Life Support guidelines.


Amiodarone Indicated
Administer via central venous catheter ONLY
Repeat once if necessary for the treatment of AF if desired response not initially achieved
LOADING DOSE
300mg (6ml) diluted to 25ml with glucose 5% for administration over 30min (rate = 50ml/hour)
DAY 1
After loading dose give:
900mg (18ml) diluted to 48ml with glucose 5% for administration over 24 hours (rate = 2ml/hour)
If not well controlled consider increasing dose for further 24-48 hrs then re-review
Desired response achieved
Desired response not achieved
DAYS 2 - 7
IV: 300mg (6ml) diluted to 25ml with glucose 5% for administration over 1 hour (rate = 25ml/hour)
or
po/ng: 200mg TDS
If desired response not achieved
If desired response achieved
DAYS 2 - 7
600mg (12ml) diluted to 48ml with glucose 5% for continuous administration over 24 hours (rate = 2ml/hour)
Review daily
Review need for amiodarone on discharge from critical care
DAYS 8 - 14
IV: 200mg (4ml) diluted to 25ml with glucose 5% for administration over 1 hour (rate = 25ml/hour)
or
po/ng: 200mg BD
If not well controlled, refer to clinician
DAY 15+
IV: 100mg (2ml) diluted to 25ml with glucose 5% for administration over 1 hour (rate = 25ml/hour)
or
po/ng: 200mg OD

Amiodarone Guidelines Additional Information

- Peripheral administration:
    - In situations where a central venous catheter is not present additional dilution is required for peripheral administration. Suitable volumes are 250ml glucose 5% for 300mg doses, and 500ml glucose 5% for 900mg doses.
    - This guideline does not cover Amiodarone administered in a resuscitation situation.

- Ensure that Hypomagnesaemia or Hypokalaemia are corrected as necessary.
- When switching from the intravenous infusion to oral Amiodarone, it is recommended that the first oral dose should be given 16 to 24 hours before stopping the IV infusion.
- Oral bioavailibility is approximately 50%, i.e. 100mg IV approx = 200mg PO.
- Tablets may be crushed and dispersed in water for administration via a enteral feeding tube.
- Acute adverse effects include bradycardia and hypotension. Consider the need to discontinue the infusion.
- It is recommended to check liver and thyroid function tests prior to initiating Amiodarone.
- Amiodarone has a number of significant drug interactions. Of particular note are:
    - Phenytoin
    - Warfarin
    - Digoxin.
    - Caution should be used when used alongside medication that can extend the QTc interval.

These guidelines have been produced by the Mid-Trent Critical Care Network Pharmacy Group with the aim of standardising the administration of Amiodarone across the network. Amiodarone should be administered via non-DEHP (di-2-ethylhexylphthalate- a plasticizer) containing equipment or devices due to the possibility of Amiodarone causing the leaching of DEHP out of bags or giving sets. DEHP has been shown in rat studies to be carcinogenic. The use of a syringe pump with a PE coated giving set will reduce DEHP exposure.

References

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